

**County of San Diego Deferred Compensation Plan
Purchase of Service Credit**

**Participant
Information**

Name	Social Security Number
Street Address	Daytime Phone Number
City, State, ZIP Code	Evening Phone Number
Agency/Division	Employee ID
Work Address	

**Transfer
Information**

Receiving Retirement Plan Name: _____

Address: _____

Amount to be transferred: \$ _____

Contact Person: _____

Title: _____

Telephone Number: _____

Signature

I, _____, authorize and certify to the Plan of my intention to purchase creditable service with the named retirement plan. I understand the purchase will occur from my Deferred Compensation contributions from which Federal Income taxes have not been paid and the full dollar amount specified by said retirement plan of \$ _____ is required to purchase this service credit.

Date	Participant's Signature
Date	Plan Administrator's Signature

This completed form should be returned to your Plan Administrator.

Treasurer-Tax Collector
Deferred Compensation Division
1600 Pacific Highway, Room 102
San Diego, CA 92101

or

County Interoffice
Mail Address: A-49

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